Medical Equipment Pre-Implementation Worksheet

Equipment Description:

Vendor/Model:

Vendor Contact:

Requesting Clinical Service:

Contact Information:

Clinical Service POC: _____ Phone: _____

Biomedical Engineering POC: _____ Phone: _____

ISO Representative: _____ Phone: _____

IT POC: _____ Phone: _____

Medical Equipment Documentation Review

- ☐ Manufacturer Disclosure Statement for Medical Device Security (MDS^2)
- ☐ Existing Site-to-Site or One-VA VPN Agreement
- ☐ Purchase documents and associated equipment quotations
- ☐ Business Associate Agreement
- ☐ Equipment description, information flow, and network connectivity requirements
- ☐ Documentation of network configuration and installation requirements
- ☐ Clinical Procedures integration documentation provided with VA contacts, if applicable
- ☐ DICOM conformance statement provide, if applicable

Security Precautions

- ☐ Does the equipment support Anti-virus protection with updates via McAfee ePolicy Orchestrator?   ☐ YES   ☐ NO
- ☐ Does the equipment support automated OS critical patch installation?   ☐ YES   ☐ NO
- ☐ Will the medical equipment be configured for Device Authentication using Active Directory?   ☐ YES   ☐ NO
- ☐ Will the medical equipment be configured for User Authentication using Active Directory?   ☐ YES   ☐ NO
- ☐ Who will provide and manage: Disaster Recovery?   _____
- ☐ Will vendor require Remote Access via VPN?   ☐ YES   ☐ NO
- ☐ Will vendor provide a network device (switch, router)? Needs risk assessment.   ☐ YES   ☐ NO
- ☐ Will vendor provide any wireless devices? Needs risk assessment.   ☐ YES   ☐ NO

Network Design and Constraints

- ☐ Notification to network administrator to configure medical VLAN   Medical VLAN: _____
- ☐ Medical equipment installation location(s)
- ☐ Network administrator reviews risk assessment for any network or wireless devices.
- ☐ List all target systems that the device will communicate with
- ☐ Network administrator configures the ACL with input from Biomedical Engineering, verifies connectivity, and documents configuration.

Post Installation Support Strategy

☐ Post implementation support strategy developed.
☐ Post implementation secure use strategy developed.(i.e. frequency of removal of ePHI from device, physical security of device, etc.)

(to be converted to a VA form)

Service Line Representative   **Date**   **Phone Number**

Bio-Medical Representative   **Date**   **Phone Number**

Information Security Officer   **Date**   **Phone Number**

Facility Chief Information Officer   **Date**   **Phone Number**